

**STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

CONSENT TO RATE FORM

(Must be accompanied by declarations page showing name, location and address.)

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| NAMED INSURED AND MAILING ADDRESS | INSURANCE COMPANY AND MAILING ADDRESS |
| | |

Policy Number_____

Policy Term_____

REASON(S) FOR EXCEPTION TO FILED RATE(S) - RSA 412:16X:

Describe exposure(s) or any substandard, unusual or hazardous conditions which necessitates the use of a rate or premium not filed with the Department. Include any underwriting information in support of the proposed rating. Reasons that merely refer to a policyholder's inability to obtain coverage at standard rates, or comments that essentially equate to "class of risk" are not acceptable.

_____Unusual hazard involved

_____Unfavorable loss experience

_____Other

Explanation of above reason(s)

Premium at filed rate(s)_____

Premium at Consent Rate(s)_____

**I HEREBY CERTIFY AND I UNDERSTAND THAT THE PREMIUM CHARGE FOR
THIS POLICY (ENDORSEMENT) IS NOT STANDARD.**

Policyholder Signature

Date

Title

The signature by the policyholder or an authorized representative of the policyholder (NOT the insurance agent) must be made after this form has been completed.